



EDI CONNECTION

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Application Contact Information for Non DDE/PPTN

In order to help relay information appropriately, please make sure your contact information is valid and up to date. When an application is received, any correspondence or communications will be addressed to the contact information listed in the contact field. This includes, but is not limited to, confirmations, rejections, and inquiries. It is important to make sure that the name, phone number, address, and email are current, legible, and valid. Incorrect or invalid information can result in delays with processing paperwork.

We no longer accept hardcopy PDF versions of the application (this does not include DDE/PPTN). However, you will have to sign, input the Tax ID number on the Provider Authorization form, and fax that directly in as you would any hardcopy version. Please check before faxing that you have entered the contact information appropriately and the form is legible.

Online EDI Application & Provider Authorization Form

As a reminder the Online EDI Application is required as of May 1, 2020. To ensure your online application is completed timely and/or prevent a delay in processing, please refer to the steps listed for an accurate enrollment process. At the conclusion of the registration process you will be presented with a printable version of the Provider Authorization Form. This form must be signed by the Authorized Official and Faxed to the EDI Department.

- It's important the form instructions are followed, and all required information is completed
- The Provider Authorization Form is pre-filled with all information except the Tax ID Number and Authorized Signature, which must be filled out prior to faxing. The form should be received within 7 days of the online application submission.
- If the online application is returned for any reason, a new Online EDI Application must be submitted as well as a new Provider Authorization Form must be printed out as the instructions on the application indicate.

Note: The Online Application/Provider Authorization Form contains Tracking Numbers and therefore old forms sent back cannot be resubmitted due to new tracking numbers created for each application. Also, a printed version of the Online EDI Application is not needed to be faxed with the Provider Authorization Form.

CSS is committed to making sure the EDI Enrollment process is efficient with limited issues.

Reference: <https://www.cgsmedicare.com/parta/edi/enrollment.html>

myCGS Recertification

To ensure myCGS users are compliant with CMS security requirements, account recertifications will be required to be completed every 90 days. The account recertification is done to verify all users under the admin. A reminder notification will be sent out within 47 days from the due date of the myCGS recertification advising records indicate you are due to recertify user access to your account in myCGS by a specified date. Administrators will need to scroll to the bottom of the registered users page and click recertify, then select all users that need to be recertified. Failure to complete the process timely will result in deactivation for all assigned users. For step



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by step guidance please visit, https://www.cgsmedicare.com/pdf/mycgs_recertification_profile_job_aid.pdf

J15 DDE PPTN Application/Reactivation Form Tips

The below are tips to follow when completing the J15 DDE PPTN Application Reactivation Form. Following these tips can eliminate errors and ensure faster processing of your application.

1. Only indicate one line of business (LOB)
2. Confirm the address is correct
3. Make sure all contact information is included, especially the email address because that is how you will be contacted with the confirmation when completed.
4. Confirm that the PTANs and NPIs are correct and in the correct fields on the form.
5. Do not send more than 2 forms per fax transmission or the applications will be sent back.
6. Do not attach an extra list/spreadsheet to the form.
7. Make sure ALL wording is legible before faxing the form.

myCGS Portal - Job Aids

Do you have questions about performing task in the myCGS web portal? Did you know we have job aids that provide detailed instructions to assist myCGS users? These job aids were created to provide additional self-service options with navigation tips and screen shots. The job aids are located on <https://www.cgsmedicare.com> website (select LOB, select first tab to the left, "myCGS portal") scrolling down the page and locate User Manual and Job Aid icon. There are multiple job aids available and may vary based on the Line of Business. Find below a **few** of the job aids available on the website.

- myCGS Claim Status Enhancements
- Comparative Billing Report Request
- MBI Look-Up Tool Job Aid
- E-Offsets Job Aid
- Part B Claims Submission Job Aid
- Submitting Part B Medicare Secondary Payer (MSP) claims
- Part B Reopenings (15 options)
- Submitting Redeterminations/2nd Level Appeal Job Aid (Part A/HHH only)
- Medical Review ADR Job Aid/Responding to Request for Additional Documentation
- Administrators: Unlock Feature
- Part A Claims Practice Address

The *myCGS User Manual* (<http://www.cgsmedicare.com/mycgs/manual.html>) is also an excellent resource with detailed information about accessing and obtaining information from the myCGS web portal. If assistance is needed, the EDI Help Desk will be more than happy to assist you.

Updating EDI Submitter Contact Information

CGS does not limit who you deem as an authorized official chosen as your company's contact for EDI related applications. In addition, as the contact, you may only change information if your Providers PTAN is the owner of the submitter ID number listed. Billing Services and Clearinghouses often use one submitter ID number for all their clients. **The contact of a Providers Office cannot make any changes, updates, or amendments to a submitter ID number owned by another Provider or Trading Partner; only their own.**

One of the most common questions asked is how to update contact information for your Submitter ID number. If you own the submitter ID number, here are the steps to update or change information:

- Please request in writing **on your company's letterhead** with the following information in the body of the letter:
 - Line of Business
 - A statement indicating what the change is for
 - The submitter ID number (*PTAN also if available*)
 - Group practice or name of the Provider that owns the submitter ID number
 - Name of contact, email address, and phone number of the contact
 - Address (*If this is for an address change please list the old address and the new address you are changing to*)
- Must be signed by an authorized official of the company **or** the contact that is currently listed

If all information is provided accordingly, once received, we will update the Submitter ID number with the new information. Requests are processed in the same manner as applications and worked in the order they are received, along with the applications.

EDI Job Aids

CGS has Job Aids available to help providers with claims in various ways. The job aids are in PDF format; with a click of the mouse you can have an instructional page before you. Below is a list of a few of the job aids:

Electronic Billing

- 999 277CA Examples Job Aid
- Understanding the 999 Implementation Acknowledgment (ASC X12N v005010)
- Paper ↔ Electronic Claims CMS-1500 Claim Form/ANSI Crosswalk

PC-ACE

- Building Roster Claims
- Duplicate File Rejections
- Reference File Job Aid
- Billing Reference File Job Aid

myCGS

- Claim Submission Job Aid (Part B Providers)
- Provider Administrator Enhancement Job Aid
- Tips for Uploading Files



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To locate these helpful tools please visit our website: <https://www.cgsmedicare.com>. Select the appropriate line of business, select Electronic Data Interchange (EDI), and then Job Aids.

myCGS Profile Verification

The Profile Verification process is to be completed by EACH myCGS user. This process must be completed every **250** days. This aligns with CMS and CGS security guidelines. Failure to complete this process will result in an interruption of service, including deactivation.

The myCGS user will use the following steps to complete the Profile Verification process:

1. Log into the myCGS portal and complete the MFA process.
2. Once the user has logged into the portal, a pop-up box stating the profile verification is required will be displayed.
3. Navigate to the My Account Tab.
4. Verify all information is still accurate or update the displayed data.
5. Click submit.
6. The user will be logged out of the portal and taken to the sign in screen.
7. **Close the sign in screen.**
8. An email will be sent to the user.
9. Open the email and click on the verification link.
10. The user will be redirected to the sign in page.
11. Log back into the portal and complete the MFA process again.

Reference: https://www.cgsmedicare.com/pdf/mycgs_recertification_profile_job_aid.pdf

277CA Lookup Tool

Providers, billing services and clearinghouses now have the ability to easily review claim rejections via the 277CA Lookup Tool. This allows them to enter specific rejection codes into the 277CA Lookup Tool. You must have the actual error codes from your 277CA file from the clearinghouse or vender. In return, it will provide explanations for the cause of the edit.

Users will need to enter the information from the STC segment:

- CSCC – Claim status Category Code. Ex: A7 or A8
- CSC – Claim status codes. Ex: 562
- EIC – Entity Identifier code (If, applicable) Ex: 85

277CA Lookup Tool can be located on <https://www.cgsmedicare.com>. Select your region upper right side. Click on EDI on the left side. Then, 277CA Lookup Tool link or icon.

References:

- https://www.cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=b
- https://www.cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=a
- http://www.cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=hhh

Part A Top Ten Edits

Edit Number	Business Edit Message	Resolution
1 X223.112.2010BA.NM109.040	Added edit for MBI/HICN claim effective date.	If the HIC/MBI format is valid, and 2300 CLM05-1 is not = 11X, 32X or 41X OR 2300 CLM05-3 is not = 7, 8 or Q, then 2010BA.NM109 must be a valid HICN prior to the MBI transition start date, must be a valid HICN or valid MBI on or after the MBI transition start date, must be a valid MBI after the MBI transition end date based on the date in the +RC DTP segment.
2 X223.424.2400.SV202-2.020	This Claim is rejected for Invalid Information within the HCPCS.	“When 2400.SV202-1 = “HC,” 2400.SV202-2 must be a valid HCPCS Code.”
3 X223.112.2010BA.NM109.020	This Claim is rejected for containing Invalid Information within the Subscriber’s contract/ member number.	“The subscriber HICN is invalid. Verify the HICN is entered exactly as it appears on the beneficiary’s red, white, and blue Medicare card. Medicare number can only be 10 to 11 characters only. Here are the valid formats: NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN. If MBI: 2010BA.NM109 must be 11 positions in the format of C A AN N A AN N A A N N, where ‘C’ represents a constrained numeric 1 thru 9, ‘A’ represents alphabetic character A-Z but excluding S, L, I, O, B, Z, ‘N’ represents numeric 0 thru 9 and ‘AN’ represents ‘A’ or ‘N.’ If the patient’s Medicare number is not in these formats, your claim will reject.”
4 X223.090.2010AA.REF02.050	This Claim is rejected for a relational field in error within the Billing Provider’s National Provider Identifier (NPI) and Billing Provider’s Tax ID.	“2010AA.REF must be associated with the provider identified in 2010AA.NM109”



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Edit Number	Business Edit Message	Resolution
5 X223.143.2300. CLM02.080	This Claim is rejected due to the Claim being out of Balance within the Payer's payment information.	CLM02 must = the sum of all 2320 CAS amounts & all 2430 CAS amounts and the 2320 AMT02 (when AMT01=D) Payer Paid amount for each other payer occurrence.
6 X223.480.2430. CAS.030	This claim is rejected for line level adjustments being present when Medicare is the Primary Payer.	"When Medicare is primary remove the Other Payer Claim Adjustment Indicator (Loop 2330B, REF Segment) and resubmit."
7 X223.486.2430. DTP03.030	This claim is rejected due to Other's Insured payment date is a future date.	2430.DTP03 must not be a future date.
8 X223.387.2330B. N403.030	This Claim is rejected for Invalid Information within the Other payer's Explanation of Benefits/payment information's Postal/Zip Code.	"2330B.N403 must be a valid US zip code when N404 is US or blank. Verify Postal/Zip Codes for the Other Payer on the USPS website prior to submitting claims."
9 X223.116.2010BA. N403.030	This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code.	2010ba.n403 must be a valid postal/zip Code when N404 equals US or blank. Verify Postal/Zip Codes for the Subscriber on the USPS website prior to submitting claims.
10 X223.424.2400. SV202-2.030	This Claim is rejected for Invalid Information within the HIPPS Rate Code for services Rendered.	When 2400.SV202-1 = "HP," 2400.SV202-2 must be a valid HIPPS Code.

Part B Top 10 Edits

Edit Number	Business Edit Message	Resolution
1 X222.121.2010BA. NM109.030	The claim is rejected for invalid format of Subscriber's contract/member number	If the HIC/MBI format is valid, 2010BA.NM109 must be a valid HICN prior to the MBI transition start date, must be a valid HICN or valid MBI on or after the MBI transition start date, must be a valid MBI after the MBI transition end date based on the date in the +RC DTP segment.
2 X222.087.2010AA. NM109.050	This Claim is rejected for relational field due to Billing Provider's submitter not approved for electronic claim submissions on behalf of this Billing Provider	2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
3 X222.262.2310B. NM109.030	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109, except when 2300.REF with REF01 = "P4" and REF02 = "82."
4 X222.121.2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/member number	"If Medicare HICN: 2010BA.NM109 must be 10-11 positions formatted NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN where 'A' is an alpha character and 'N' is a numeric digit. -OR- If an MBI: must be 11 positions formatted C A AN N A AN N A AN N, (without spaces) where: 'C' is numeric 1-9, 'A' is alphabetic characters A-Z (excluding S, L, I, O, B, Z), 'N' is numeric 0-9 and 'AN' is either alphabetic A-Z (excluding S, L, I, O, B, Z), or numeric 0-9."
5 X222.351.2400. SV101-2.020	This Claim is rejected for relational field Information within the HCPCS	When 2400.SV101-1 = "HC," 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472."
6 X222.094.2010AA. REF02.050	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	2010AA.REF must be associated with the provider identified in 2010AA.NM109
7 X222.087.2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.
8 X222.430.2420A. NM109.030	This Claim is rejected for Invalid Information within the Rendering Provider's National Provider Identifier (NPI)	2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109
9 X222.351.2400. SV101-7.020	This Claim is rejected for relational field Information within the Detailed description of service	2400.SV101-7 must be present. when 2400.SV101-2 is present on the table of procedure codes that require a description.
10 X222.351.2400. SV101-4.020	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	2400.SV101-4 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472."